


<p align="center">KY Division of Laboratory Services 100 Sower Blvd., North Loading Dock, PO Box 2020 Frankfort, Kentucky 40602-2020 Phone: 502/ 564-4446 Fax: 502/ 564-7019 Jeremy Hart, MD, FCAP, Director</p>		<p align="center">  Kentucky Public Health <small>Prevent. Promote. Protect.</small> Water Bacteriology Analysis Report </p>	
<p align="center"><i>(Please complete a separate form for each sample.)</i></p>			
<p>Authorized Collector: _____</p> <p>Collectors Phone #: _____ Sanitarian Number: _____</p> <p>Collection Date: _____ Collection Time: _____</p> <p>Occupant or Owner: _____</p> <p>Request Identifying No: _____ Site No.: _____</p> <p>Sample No.: _____ Sample Seq. No: _____</p> <p>County: _____</p> <p>Submitter <i>(Use LHN Site#)</i>: _____</p>			
<p> <input type="checkbox"/> Drinking Water <input type="checkbox"/> Recreational Waters <input type="checkbox"/> Spas/Therapeutic Pools </p>			
<p><input type="checkbox"/> Check here if accompanied by Chain-of-custody form</p>			
<p>Collector's Remarks:</p>			
<p>Laboratory Findings:</p>			
<p>Date & Time Received</p>		<p>Laboratory Number</p>	
<p>Date & Time Reported</p>		<p>Technologist</p>	